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**FACSIMILE TRANSMITTAL SHEET**

|             |                    |                     |                         |
|-------------|--------------------|---------------------|-------------------------|
| To:         | MS: Amendment      | FROM:               | William J. Allen        |
| COMPANY:    | U.S. Patent Office | DATE:               | June 28, 2005           |
| FAX NUMBER: | 703-872-9306       | TOTAL NO. OF PAGES: | 20 including cover page |
| RE:         |                    | OUR REFERENCE NO.   | 011738.00045            |

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Approved for use through 07/31/2008. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission 20 Attorney Docket Number 011738.00045

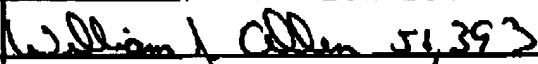
**ENCLOSURES (check all that apply)**

|   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form                  | <input type="checkbox"/> Drawing(s)   | <input type="checkbox"/> After Allowance Communication to TC  |
| <input type="checkbox"/> Fee Attached                                     | <input type="checkbox"/> Licensing-related Papers                                       | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences                   |
| <input checked="" type="checkbox"/> Amendment / Reply                     | <input type="checkbox"/> Petition   | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)               |
| <input type="checkbox"/> After Final                                      | <input type="checkbox"/> Petition to Convert to a Provisional Application               | <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> Affidavits/declaration(s)                        | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter  |
| <input checked="" type="checkbox"/> Extension of Time Request             | <input type="checkbox"/> Terminal Disclaimer  | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br><br>Fax Coversheet |
| <input type="checkbox"/> Express Abandonment Request                      | <input type="checkbox"/> Request for Refund   |   |
| <input type="checkbox"/> Information Disclosure Statement                 | <input type="checkbox"/> CD, Number of CD(s)  |   |
| <input type="checkbox"/> Certified Copy of Priority Document(s)           | <input type="checkbox"/> Landscape Table on CD  |   |
| <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application   |   |   |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 |   |   |

**Remarks**

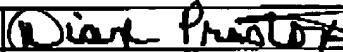
The Commissioner is authorized to charge any fees in connection with this correspondence to Deposit Account No. 19-0733.

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

|              |  |          |        |
|--------------|--|----------|--------|
| Firm         | Banner & Witcoff, Ltd.   |          |        |
| Signature    |  |          |        |
| Printed Name | William J. Allen   |          |        |
| Date         | June 28, 2005  | Reg. No. | 51,393 |

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

|                       |   |      |         |
|-----------------------|---|------|---------|
| Signature             |  | Date |         |
| Typed or printed name | Diane Preston   |      | 6.28.05 |

This collection of information is required by 37 CFR 1.5. This information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 12 min/ea to complete. Including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL for FY 2005

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 820)

| Complete If Known    |                  |
|----------------------|------------------|
| Application Number   | 10/001,357       |
| Filing Date          | October 31, 2001 |
| First Named Inventor | Hartlaub         |
| Examiner Name        | Lau              |
| Art Unit             | 2863             |
| Attorney Docket No.  | 011738.00045     |

**RECEIVED****CENTRAL FAX CENTER****JUN 28 2005****METHOD OF PAYMENT (check all that apply)**

Check  Credit Card  Money Order  None  Other (please identify) :

Deposit Account Deposit Account Number: 19-0733 Deposit Account Name: Banner & Witcoff, LTD.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments

Under 37 CFR 1.16 and 1.17

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**FEES CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| <u>Application Type</u> | <u>FILING FEES</u> |                     | <u>SEARCH FEES</u> |                     | <u>EXAMINATION FEES</u> |                     |                       |
|-------------------------|--------------------|---------------------|--------------------|---------------------|-------------------------|---------------------|-----------------------|
|                         | <u>Fee (\$)</u>    | <u>Small Entity</u> | <u>Fee (\$)</u>    | <u>Small Entity</u> | <u>Fee (\$)</u>         | <u>Small Entity</u> | <u>Fees Paid (\$)</u> |
| Utility                 | 300                | 150                 | 500                | 250                 | 200                     | 100                 |                       |
| Design                  | 200                | 100                 | 100                | 50                  | 130                     | 65                  |                       |
| Plant                   | 200                | 100                 | 300                | 150                 | 160                     | 80                  |                       |
| Rcissue                 | 300                | 150                 | 500                | 250                 | 600                     | 300                 |                       |
| Provisional             | 200                | 100                 | 0                  | 0                   | 0                       | 0                   |                       |

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 30 (including Reissues)

Multiple dependent claims

| <u>Total Claims</u>   | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | <u>Small Entity</u> |                 |
|---|---------------------|-----------------|----------------------|---------------------|-----------------|
|   |                     |                 |                      | <u>Fee (\$)</u>     | <u>Fee (\$)</u> |
| 49 - 47 or HP= 2  | x 50                | = 100           |                      | 50                  | 25              |
| HP = highest number of total claims paid for, if greater than 20. |                     |                 |                      | 100                 | 100             |

| <u>Indep. Claims</u>   | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | <u>Multiple Dependent Claims</u> |                      |
|--|---------------------|-----------------|----------------------|----------------------------------|----------------------|
|  |                     |                 |                      | <u>Fee (\$)</u>                  | <u>Fee Paid (\$)</u> |
| 13 - 10 or HP= 3   | x 200               | = 600           |                      |                                  |                      |
| HP = highest number of independent claims paid for, if greater than 3. |                     |                 |                      |                                  |                      |

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| <u>Total Sheets</u> | <u>Extra Sheets</u> | <u>Number of each additional 50 or fraction thereof</u> | <u>Fee (\$)</u> | <u>Fees Paid (\$)</u> |
|---------------------|---------------------|---|-----------------|-----------------------|
| - 100 =             | / 50 =              | (round up to a whole number) x                          | =               |                       |

**4. OTHER FEE(S)**

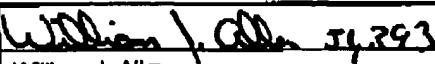
Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge) : One Month Extension

**Fees Paid (\$)**

\$120

**SUBMITTED BY**

|                   |   |   |
|-------------------|---|---|
| Signature         |  | Registration No.<br>(Attorney/Agent) 51,393 |
| Name (Print/Type) | William J. Allen  | Telephone 312-463-5000                      |
|                   |   | Date June 28, 2005                          |

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